



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

TERRY JOHNSON
Director

CHANGE OF ASSOCIATION

Mail completed form to the Division of Mortgage Lending at the above address.

The undersigned individual hereby makes application to the Commissioner of the Division of Mortgage Lending to change association with the following company with which the individual will be associated (check a box):

- ☐ Escrow company
☐ Covered service provider, foreclosure consultant or loan modification consultant
(independent licensee)
☐ Exempt person or entity

NOTE: A CHANGE OF ASSOCIATION WITH ANY OF THE ABOVE COMPANIES IS NOT EFFECTIVE UNTIL THE CHANGE IS POSTED TO THE DIVISION'S WEBSITE. THE UNDERSIGNED ACKNOWLEDGES THAT S/HE CANNOT CONDUCT ACTIVITIES FOR WHICH A LICENSE IS REQUIRED UNTIL THE CHANGE IS POSTED.

1. Individual's Information:

Individual's License No.: _____ License Expiration Date: _____
(Available on the Division's website, Licensee Records)

Name of Individual:

First Middle Last
Home Address: _____
Street City State Zip

Home Phone: _____ Cell: _____

E-Mail: _____
(Mandatory)

Signature of Individual: _____
(Original or "wet" signature required)

2. Company Information:

Company Name: _____ (List the name of the licensed company or exempt person or entity with which the individual will be associated)			
Company License or Exemption Certificate No.: _____			
Address: _____			
Street	City	State	Zip
Company Telephone No.: _____ (Must be a Local Land Line)			

3. Required Items – Checklist

- ☐ Non-refundable fee of **\$25.00** if the individual is an escrow agent or a covered service provider, foreclosure consultant or loan modification consultant (associated licensee). (Make check payable to “Division of Mortgage Lending.”)

The following is a statement from the escrow agency, covered service provider, foreclosure consultant or loan modification consultant (independent licensee), privately insured institution, or exempt person or entity with which the individual will be associated.

ACKNOWLEDGMENT OF INTENT TO EMPLOY

(Verified Statement: To Be Completed By the Escrow Agency, Covered Service Provider, Foreclosure Consultant or Loan Modification Consultant (Independent Licensee), Privately Insured Institution, or Exempt Person or Entity Associating With, or Employing, the Individual)

This is to certify that I am a duly licensed escrow agency, covered service provider, foreclosure consultant or loan modification consultant (independent licensee), privately insured institution, or exempt person or entity on active status. It is my present intent to employ or associate with me the within-named individual.

If a license is issued to the individual named within, I represent and agree that I will be responsible for the activities of the individual as an escrow agent, covered service provider, foreclosure consultant or loan modification consultant (associated licensee) by exercising careful supervision over his/her activities while he/she is associated with or employed by me.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Name of Licensed Company: _____

By: _____
Authorized Signatory

Name of Signatory (print or type): _____

Title: _____

Date: _____

Original or “wet” signature required.